

# Central Oregon Interagency Dispatch Center (COIDC)

## AD Personal Information

Name (as it appears on your ID):

First:

Middle:

Last:

ECI #:

Date of Birth (DOB):

Phone Numbers

Address:

Home:

City, State, Zip

Cell:

Email :

Other:

FAX:

List of Quals:

Who do you want us to notify if there is an emergency?

Name:

Phone:

**COIDC will fill in everything below this sentence.**

Empl Eligibility I-9 ( <b>Exp 3 years</b> ): Dir Dep Salary SF-1199a: Federal Withholding W-4: THREE ITEMS ABOVE FAXED TO ASC <b>Pay</b> :	Fin Info Security FS-6500-214: Dir Dep Travel FS-6500-231: TWO ITEMS ABOVE FAXED TO # ON <b>214</b> :
HSQ for Pack Test:  Pack Test Date:  Fire Refresher Date:  Red Card Sent to AD:	DRIVING Phys Fitness Inquiry OF-345: DRIVING <b>R6</b> App to Drive FS-6500-231: DRIVING <b>R6</b> Driver Responsibilities: Defensive DRIVING Cert ( <b>Exp 3 years</b> ): DMV DRIVING RECORD:

Start

Remaining

Training Hours:

80

All AD forms and information available at: <http://gacc.nifc.gov/nwcc/districts/COIDC/ADcasual.html>